

APPLICATION DATA SHEET

Application Information

Application number:: 09421718
Filing Date:: 10/20/1999

Application Type:: Regular
Subject Matter:: Utility
Title:: SYSTEM AND METHOD FOR
INTERFACING A LOCAL
COMMUNICATION DEVICE

Attorney Docket Number:: 1128C
Suggested Drawing Figure:: FIG. 1
Total Drawing Sheets:: 10

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship
Country:: USA
Status:: DECEASED
Given Name:: JOSEPH
Middle Name:: MICHAEL
Family Name:: CHRISTIE

Applicant Authority Type:: Inventor
Primary Citizenship
Country:: USA
Given Name:: MICHAEL
Middle Name:: JOSEPH
Family Name:: GARDNER
City of Residence:: OVERLAND PARK
State or Providence of Residence:: KS
Country of Residence:: USA

Street of mailing address:: 5307 WEST 100TH STREET
City of mailing address:: OVERLAND PARK
State or Province of mailing address:: KS
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 66207

Applicant Authority Type:: Inventor
Primary Citizenship
Country:: USA
Given Name:: WILLIAM
Middle Name:: LYLE
Family Name:: WILEY
City of Residence:: OLATHE
State or Providence of Residence:: KS
Country of Residence:: USA
Street of mailing address:: 814 NORTH MESA STREET
City of mailing address:: OLATHE
State or Province of mailing address:: KS
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 66061

Applicant Authority Type:: Inventor
Primary Citizenship
Country:: USA
Given Name:: ALBERT
Middle Name:: DANIEL
Family Name:: DUREE
City of Residence:: INDEPENDENCE
State or Providence of Residence:: MO
Country of Residence:: USA
Street of mailing address:: 16913 COGAN ROAD

City of mailing address:: INDEPENDENCE
State or Province of mailing address:: MO
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 64055
Applicant Authority Type:: Inventor
Primary Citizenship
Country:: USA
Given Name:: TRACY
Middle Name:: LEE
Family Name:: NELSON
City of Residence:: SHAWNEE MISSION
State or Providence of Residence:: KS
Country of Residence:: USA
Street of mailing address:: 7103 MASTIN
City of mailing address:: SHAWNEE MISSION
State or Province of mailing address:: KS
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 66203

Correspondence Information

Correspondence Customer

Number:: 28004
Phone number:: (303) 938-9999 EXT. 13
Fax Number:: (303) 938-9995
E-Mail address:: MSETTER@DSOBLAW.COM

Representative Information

Representative Customer Number::	28004
---	--------------

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
THIS APPLICATION	Continuation of	08/754,354	11/22/19996

Assignee Information

Assignee name::

SPRINT COMMUNICATIONS
COMPANY, L. P.